

Bureau of Indian Affairs Critical Incident Stress Management and Organizational Wellness Program - DRAFT



- Stronger Minds
- Healthier Bodies
- Enhanced Performance
- Resilience in Adversity

In the course of doing their jobs, firefighters unavoidably experience stressful and even traumatic situations that can lead to emotional and behavioral health problems, including anxiety, burnout, depression, alcoholism, substance abuse, post-traumatic stress disorder, and suicide (Deppa, 2015).

The CISM program provides an organized approach to address everyday stressors as well as crises resulting from exposure to critical incidents. The CISM program provides skills to build resistance to face adversity, improve performance and mental preparedness, and ability to bounce back from a crisis or stressful situations.

“Current approaches to addressing behavioral health tend to focus on assistance and treatment AFTER symptoms emerge.”

In 2019 the Bureau of Indian Affairs (BIA) established a Critical Incident Stress Management (CISM) Program as an effort to improve mental well-being and maximize individual and organizational resilience.



Critical Incident Stress Management

The CISM program has multiple components that can be used before, during, and after a crisis. These components include a wide range of various activities, including pre-incident education (PIE), which includes resiliency, planning and preparedness, acute crisis management, and post-incident follow up. The purpose of the crisis intervention portion of CISM is to mitigate the impact of an event, accelerate the recovery process, and assess the need for additional or alternative services. Crisis intervention, which is a component of an overall CISM

program, is provided through trained and carefully selected peer supporters and licensed Mental Health Professionals (MHP) who specialize in trauma.

The BIA wildland fire CISM program intends to provide pre-incident education, resiliency tools, and to support work-related incidents primarily for individuals and groups who work in the area of fire and aviation but may assist other disciplines as needed. The wildland fire CISM program delivers CISM services through peer support, which is the official standard of care for BIA.



Bureau of Indian Affairs – National
Critical Incident Stress Management
Program



Pre-Incident Education

Reactions to critical incidents are expected; there is, of course, no way to know who and how individuals and organizations will be affected. However, developing sound coping skills and learning to be resilient may strengthen individuals during times of high stress. Resilience is the ability to adapt well to stress, adversity, trauma, or tragedy.

Effective pre-incident education that includes a comprehensive fitness element is the cornerstone of a progressive and well-organized CISM program. It instills resistance and resilience mechanisms, so individuals and organizations are better prepared when faced with adversity.

Other like-minded organizations and academic forums use evidence-based research to incorporate comprehensive fitness training. They recognize that when people experience an adverse event, they recover faster and are more likely to experience post-event growth.

Even without an adverse event, the positive effects of a pre-incident mental fitness program is a win-win: it's just a matter of degree and helps reshape your thinking. It helps you to look at the world, yourselves, and events you experience differently.

You are emphasizing the positive strengths rather than weaknesses.

Pre-Incident Education: Plans and Protocols

Plans and protocols must be developed and understood. Attempting to learn about crisis intervention after the fact is predictive of confusion, delays, and the possibility of improper or inadequate support or intervention strategies and tactics.

Pre-incident education provides employees and their organizations with information about the Critical Incident Stress Management/Peer Support program.

Knowing about the services and the benefits it can provide before a critical incident occurs reduces chaos and anxiety when an incident does occur.



Comprehensive CISM Program



- Research, Validation, and Development**
- Referral and Follow-Up Care**
- Crisis Intervention/Peer Support**
- Pre-Incident Education: Comprehensive Fitness**
- Pre-Incident Education: Plans and Protocols**

Crisis Intervention and Peer Support

The purpose of crisis intervention is to mitigate the impact of an event, accelerate the recovery process, and assess the need for additional or alternative services. Members of the wildland fire culture tend to be very protective of outsiders. Talking about a critical incident in a group of Peers works because it gives individuals a chance to reprocess what they saw and how they reacted through both their eyes and the eyes of other group members. But it only works if they talk with people they trust and feel safe around.

Effective peer relationships are built around mutual understanding, respect, and trust, which is the foundation of the CISM program. These commonalities contribute to the credibility necessary for developing relationships in which individuals are willing to open up and discuss their problems despite concerns about stigma.

Trained and certified by the International Critical Incident Stress Foundation (ICISF), peer supporters deliver crisis intervention services. Peer supporters listen, assess, and refer when necessary to a Licensed Mental Health Professional who specializes in trauma. Peer-to-peer programs facilitate opportunities for individuals to talk with trained peer supporters who serve as a "bridge" to connect with Mental Health Professionals (MHP).

Critical Incident Peer Support Groups (CIPS) can offer educational and social support and provide avenues for additional help if needed. Peer Supporters should never be used as a replacement for this professional care and **should never** function independently.

The BIA does not have established "CISM Teams." CIPS Groups are assembled at the time of the request are comprised of personnel selected to match the backgrounds and experience of those involved in the critical incident (i.e., hand crews, helitack crews, engines, dispatchers, and other entities).

A CIPS Group consists of personnel who meet specific requirements. They are: (1) formally recognized and operate under established agency policy; (2) have received specialized CISM training for the position or qualifications they hold; (3) are assembled by a formally appointed and qualified CISM Coordinator; (4) operate under officially established operational guidelines; (5) function with a Licensed Mental Health Professional.

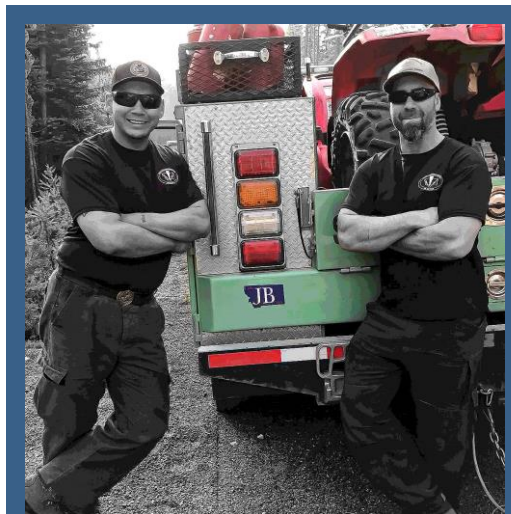
Peer support is not psychotherapy or counseling. It is not a treatment for PTSD, nor is it intended as a substitute for any of these treatments. Neither is CIPS a critique or investigation of the traumatic event. Mediation, addressing administrative issues, performing hospital liaison or family liaison duties, or providing funeral/memorial service support is outside the scope and training for peer supporters.



For additional information:

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<https://gacc.nifc.gov/cism/cism/index.html>



...I was almost certain the crew felt comfortable with these guys. They looked like firefighters, they acted like firefighters, because they were firefighters.

Post-Incident Follow Up and Long-Term Care

The intent of peer support is a short-term psychological intervention which generally ranges between three to five days. Properly trained peer supporters listen, normalize feelings, assess, and refer.

Some individuals may need follow-up or long-term care. The Peer Support Group, CISM Coordinator, or Mental Health Professional should provide several options and support resources that specialize in trauma outside of Employee Assistance Programs (EAP) being the only option.

Research and Development

Professionally established CISM programs have evolved dramatically since the introduction of Critical Incident Stress Management into the wildland fire community. Effective oversight of CISM programs assures adherence to established boundaries of competence and standard of care. Not all CISM programs look alike, and training and qualification expectations and response protocols vary.

It is important to validate practices and protocols and to continually evaluate the effectiveness.